

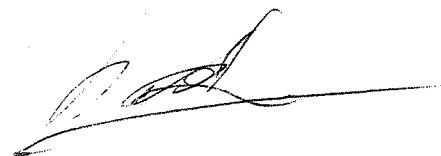
TC: The Prothonotary,
Please enter my Appearance on behalf of the following,
Noel L. Brown Pro Se, Plaintiff

Papers maybe served in correspond, with the above Plaintiff
at the following address bellow:

Noel Brown # 0956
AMKC
18-18 Hazen Street
East Elmhurst, NY 11370

18-CV-3287 (cm)

Thank You,

A handwritten signature in black ink, appearing to be "Noel Brown", written over a horizontal line.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

NOEL L. BROWN

1:18 CV 03287-CM

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

AMENDED

CITY OF NEW YORK,

COMPLAINT

STATE OF NEW YORK

Do you want a jury trial?

☒ Yes ☐ No

NYPD P.O. ANTHONY KEMPINSKI Badge 26684

NYPD P.O. KIM LI Badge 13537

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

(PLEASE SEE ATTACHED DEFENDANT)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 8-13-18

RECEIVED
SDNY DOCKET UNIT
2018 AUG 14 AM 8:59

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

This is a civil rights action in which the plaintiff NOEL L. BROWN

SEEKS RELIEF FOR THE DEFENDANTS VIOLATION OF PLAINTIFF RIGHTS

SECURED BY THE Civil Rights Act of 1871, 42 U.S.C, Section 1983,

by the United States Constitution, including its First, Fourt and Fifth and Fourteenth Amendments, and by the laws and Constitution of the State of New York. The plaintiff seeks damages, both compensatory and punitive

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, NOEL L. BROWN, is a citizen of the State of
(Plaintiff's name)

NEW YORK

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

N/A

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

1. City of New York
2. State of New York
3. NYPD P.O. Anthony Kempinski Badge #26684
4. NYPD P.O. Kim Li Badge #13537
5. NYPD L.T. William Doyle
6. NYPD P.O. Grissel Lachhman
7. NYCD Social Services Supervisor Ms. Vuu
8. NYCD C.O. Simon
9. NYCD C.O. Covinton
10. NYCD C.O. Dail
11. ADA N.Y. Rebecca Dunnan
12. ESQ. NY Afsi Khot

If the defendant is an individual:

The defendant, both CITY and STATE of NY, is a citizen of the State of
(Defendant's name)

NEW YORK

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of

N/A

If the defendant is a corporation:

The defendant, CITY OF NEW YORK, is incorporated under the laws of
the State of NEW YORK

and has its principal place of business in the State of NEW YORK

or is incorporated under the laws of (foreign state) N/A

and has its principal place of business in CITY OF NEW YORK

If more than one defendant is named in the complaint, attach additional pages providing
information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional
pages if needed.

<u>NOEL</u>	<u>L.</u>	<u>BROWN</u>
First Name	Middle Initial	Last Name
<u>AMKC. 18-18 HAZEN STREET</u>		
Street Address		
<u>EAST ELMHURST</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code
<hr/>		
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	CITY OF NEW YORK		
	First Name	Last Name	
	Local Governmental Agency		
	Current Job Title (or other identifying information)		
	100 Church ST. New York, NY 10007		
	Current Work Address (or other address where defendant may be served)		
	New York	NY	10007
	County, City	State	Zip Code
Defendant 2:	STATE OF NEW YORK		
	First Name	Last Name	
	Government Agency		
	Current Job Title (or other identifying information)		
	120 Broadway 24th FL		
	Current Work Address (or other address where defendant may be served)		
	New York	NY	10271
	County, City	State	Zip Code
Defendant 3:	Officer NYPD Anthony Kempinski		
	First Name	Last Name	
	Employee of the NYPD		
	Current Job Title (or other identifying information)		
	19 Elizabeth Street		
	Current Work Address (or other address where defendant may be served)		
	New York	NY	13537
	County, City	State	Zip Code

ATTACHED DEFENDANTS INFORMATION

Defendant 1. CITY OF NEW YORK

ADDRESS: 100 Church ST. New York, NY 10007
Job Title: Local Governmental Agency

Defendant 2. STATE OF NEW YORK

ADDRESS: 120 Broadway 24th FL. New York, NY 10271
Job Title: Government Agency

Defendant 3. NYPD Officer Anthony Kempinski

ADDRESS: 19 Elizabeth Street
New York, NY 13537

Defendant 4. NYPD Officer Kim Li

ADDRESS: 19 Elizabeth Street
New York, NY 13537

Defendant 5. NYPD Officer William Doyle

ADDRESS: 19 Elizabeth Street
New York, NY 13537

Defendant 6. NYPD Officer Grissel Lachhman

ADDRESS: 19 Elizabeth Street
New York, NY 13537

Defendant 7. Ms. Vuu

Job Title: NYCD Social Services Supervisor
ADDRESS: 125 White Street
New York, NY 10013

Defendant 8. NYCD Correction Officer Simon

ADDRESS: 125 White Street
New York, NY 10013

Defendant 9. NYCD Correction Officer Covinton

ADDRESS: 16-16 Hazen Street
East Elmhurst, NY 11370

Defendant 10. NYCD Correction Officer Dail

ADDRESS: 16-16 Hazen Street
East Elmhurst, NY 11370

Defendant 11. ADA Rebecca Dunnan

Job Title: City of New York Prosecutor
ADDRESS: 80 ~~xxxxxx~~ Centre Street
New York, NY 10013

Defendant 12. ESQ. Afasi Khot

Job Title: Legal Aid ESQ.
ADDRESS: 100 Water Street
New York, NY 10038

Defendant 4: Officer NYPD Kim Li
First Name Last Name
Employee of the NYPD
Current Job Title (or other identifying information)
19 Elizabeth Street
Current Work Address (or other address where defendant may be served)
New York NV 13537
County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: Vicinity of Delancy and Bowery Street NYC

Date(s) of occurrence: September 06th, 2015 21:30hrs

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

On september 6th, 2015. IN the county of New York, New York City
employee of the NYPD fifth precinct, officer Anthony Kempinski,
badge #26684, and officer Kim Li, badge #13537 and LT. William
Doyle, did deprived plaintiff of his Liberty by Falsely Arrest
imprisonment and detention of the plaintiff wrongfully, and
unlawfully without probable cause. Defendant NYPD employee An-
thony Kempinski badge #26684, took possession of plaintiff keys,
and without permission from the plaintiff, officer kempinski
unlawfully operated the plaintiff vichecl in a joy ride that
resulted in an accident, with damages to plaintiffs property.
NYPD officers from the fifth precinct arrest plaintiff for a
charge of VTL 511. Then several hours from the time of plaintiff
arrest. Employees of defendant City of New York. NYPD re-processe
plaintiff paperwork the charge plaintiff with other crimes unknown
to the plaintiff, untill plaintiff was arraigned in Court.

Plaintiff has been incarcerated since the September 6th 2015 arr
arrest. Plaintiff attended Trial by Jury on July 12th 2018, and
was found not guilty of the charges on July 19th 2018. Plaintiff
is still incarcerated related to the September 6th 2015 arrest.
In violations of plaintiffs fifth amendments against Double Jeopardy.
Indt # 03622/2015

PLEASE SEE ATTACH

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

PLEASE SEE ATTACHED INJURIES!

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

PLEASE SEE ATTACHED RELIEF!

1. Plaintiff was arrested without being memorandad, and falsely accused of crimes beyond VTL 511, Plaintiff persons and Vichecle was search without a search warrant. Plaintiff did not give permission to search at the time of arrest. as Plaintiff arrest did not result from a routine traffic stop.

Plaintiff arrest resulted from Officers from the fifth Pct racial profiling, and New York City Police Department lack of respect for the public, civil Rights.

Plaintiff is now seeking monetary relief in the sum of \$50,000,000. Plus Punitive Damages for the September 6th 2015 Color of Law Violation, Fourth Amendment Rights of the United States Constitution, and Civil Rights Violations, Racial Profiling Property Damages due to the actions of the NYPD, False Arrest, and Incarceration of the Plaintiff.

2. On September 8th 2015. Defendants ADA. Rebecca Dunnan and Defendant Afsi Khot of the Legal Aid Society city of New York Collaborate in a gross abuse of Power Violation of Plaintiff rights to testify at the Grand Jury. Plaintiff then counsel Afsi Khot Esq. declined to discuss Plaintiff Grand Jury options, and chose not to serve written notice of Plaintiff intent to testify. In denying Plaintiff of the rights to testify counsel Afsi Khot, did commit Legal Malpractice, -abuse of process.

Plaintiff is now seeking Monetary damages in the sum of \$5,000,000. Plus Punitive Damages, for what has become common practice of Legal Malpractice by the Legal Aid Society and all Staff, -malicious prosecution.

3. On September 6th 2015. Defendant New York State Department of Motor Vehicles Albany Records of Plaintiffs Privilege to Drive in the State of New York Legally, was grossly errored. Due to a common practice of Extortion of unsuspecting Drivers from other States.

Abstract for the Plaintiff Noel L. Brown, Reveals Plaintiff on the above date had four suspensions on two dates, allegedly. The suspensions were from two unpaid Traffic Tickets. Plaintiff has no knowledge of unpaid traffic tickets or records of any letters of pending Judgements against Plaintiff.

It is the Business of the New York State Department of Motor Vehicle to create and maintain the records of the Drivers, in the State of New York. Entries in the document abstract, are made at the time of recorded transactions. or event that took place, or within a reasonable time thereafter. The persons whom reports the information is under a business duty to do so accurately.

Plaintiff now seeks monetary relief in the sum of \$5,000,000. Plus punitive damages, for the common practice of Extortion by State of New York Department of Motor Vehicle.

4. During Plaintiff duration being incarcerated at Defendants city of New York Department of Correction, Manhattan Detention Complex. Located at 125 White Street New York, NY 10013. Beginning November 01, 2017. Till January 26th 2018. Plaintiff suffered gross abuse of power, Violation of Plaintiff Prisoners Rights by Officers Employed by City of New York Department of Corrections.

On November 5th 2017. Plaintiff placed in the MDC mail-box, three in total manella envelopes, clearly marked Legal Mail. For the purpose of them being mailed out to the Courts, as per the city of New York Department of Corrections Practice rules on out going Legal Mail. the mail-room and Social Service, Intentionaly kept Plaintiff Legal Mail untill November 22nd 2017. The habitual delay of the MDC mail-room resulted in Plaintiffs un timely filing of Petitions ment for Court Appeals.

Plaintiff filed a report of this Violation of Prisoners Rights with the New York City 311, Complaint number C1-1-15213680 42. Plaintiff also submitted inmate Grievance.

For the above misconduct by the Department of Corrections City of New York, MDC Facility. Plaintiff is Now seeking monetary Damages in the sum of \$5,000,000. Plus Punitive Damages.

5. On December 6th 2017. Plaintiff request from the MDC, a check payable from Plaintiffs inmate account. The perpose of the check, was to Pay for late filing petition to the courts, because of the delay by the MDC Facility Mailroom. the MDC intentionally waited untill the Plaintiffs new filing date had past, before issueing Plaintiffs Check. the check was made available on Dec 27 2017, four weeks from Plaintiffs requested date, and several days after it was due.

Plaintiff filed a complaint with New York City 311. Complaint number C1-1-1499629643. Plaintiff also reported the Facility misconduct to MDC Captain Mcphaul, in regards to not being afford Plaintiffs Prisoners Rights. In Plaintiff attempted to acquire information as to why Plaintiffs Legal Mail was not being mailed out, Plaintiff spoke to A number of the MDC Staff, including Officer Messing, Officer Simon the mail room officer, and Social Service Supervisor Ms. Vuu, and others staff Administration members fallowed by more complaints to New York City 311, complai number C111515727738.

Plaintiff now seeks monetary damages in the sum of \$5,000,000 Plus punitive damages, for Prisoners Rights Violations by City of New York Department of Corrections MDC Facility.

6. After arriving at City of New York Department of Corrections MDC Facility, on November 01, 2017. Plaintiff informed the facility staff at Medical Intake. Plaintiff is a Life long Vegan for Religious Meals. Plaintiff is also Lactose intolerant. Plaintiff never received a Vegan Meal, until January 11th 2018. After the one Meal on January 11th, Plaintiff was told by MDC Capt. Firsov. Plaintiff will not receive another Vegan Meal until Plaintiff once again went to Medical sick call. Plaintiff has been forced to buy excessive amount of commissary in order to not starve.

Plaintiff has made numerous complaints in writing, inmate Grievance and oral complaints to MDC staff Capt. Firsov Badge #1727., Co. Young on January 17th 2018. in regards to not receiving Religious Diet Meal.

Plaintiff is now seeking monetary damages in the sum of \$2,000,000. Plus punitive damages for Violation of Plaintiff Religious Rights.

7. On January 17th 2018 correction officers at the MDC Facility conduct a search of the Plaintiff housing unit. Plaintiff was forced to Strip fully exposed naked in the presents of female officers, and in front on the units cameras.

Plaintiff noticed after being first to be searched. No other inmate was forced to be naked or recorded. Plaintiff filed a Inmate Grievance to the gross abuse of power.

Plaintiff now seeks monetary relief in the sum of \$10,000,000 Plus Punitive damages, for the misconduct of the MDC Officers Plaintiff after receiving threatening remarks from MDC staff reported the misconduct to 311. Complaint number C1-1-1578308874.

8. On February 14th 2018. while incarcerated at C74 building at Rikers Island Jail. Correction Officer Covinton while conducting a search of MOD#3 where Plaintiff was being housed. Co. Covinton did take Plaintiffs Legal paper works and placed it in a ##### trash bag containing contraband from the search. Co. Covinton made Plaintiff aware his action was intentional, and Plaintiff is lucky to be able to keep the rest of Plaintiffs Legal Work.

Plaintiff was also Forced to take a Drug test even though Plaintiff made it clear of his refusal. Co. Covinton threatening remarks to use physical force. Witness to this abuse of power was Plaintiffs two fellow inmates Roland Hayes #3491800503 and Howard Thompson #3001800022. Plaintiff reported the abuse to NYC 311. Complaint number C1-1-1525864676.

Plaintiff now seeks monetary damage in the sum of \$10,000,000 Plus \$10,000,000. in punitive damages, for Violation of Prisoners Rights and Abuse of Power.

~~ATTACHED STATEMENT OF CLAIMS~~

9. On February 26th 2018. Plaintiff was taken to the AMKC Intake at City of New York Correctional Facility Riker Island. From 05:00hrs to 23:00hrs. During the above hours Plaintiff was not provided a meal or medications taken daily by plaintiff. Plaintiff was told by intake staff Co. Dail. "To go ahead and report to 311 city of New York he does not care, because 311 are for those new officers on probation". Plaintiff suffered several block outs, due to lack of medical attention and medication.

Plaintiff report the abuse to 311 comp # C1-1-15326510. Plaintiff Religious Meal consice of only half pint of beens for each meal daily. Plaintiff request for a proper meal has not been answered to present.

Plaintiff is seeking monetary damages for Pain and suffering in the sum of \$3,000,000. Plus punitive damages, for the refusal by Staff at Rikers Island Correctional Facility to provide inmate Plaintiff with Proper norishment.

10. Defendant City of New York, is and at all times relevant here in a municipal entity created and authorized under the Laws of the State of New York. It is autorized by Law to maintain a police department, which acts as its agent in the area of Law enforcement ant and for which it is ultimately responsible.

Defendant the City of New York assumes the risks incidental to the maintenance of a police force and the employment of police officers as said risk attaches to the public consumers of the service provided by the New York City Police Department.

11. Wherefore, Plaintiff demands the following relief jointley and severally against all of the Defendants:

- A. Compensutory Damages
- B. Punitive Damages
- C. Cost and interest of all plaintiff filing fees
- D. Replevin of plaintiff property and/or the fair estimated value of plaintiff property.


Please see Attached Exhibits:

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>July 25th 2018</u>		
Dated		Plaintiff's Signature
<u>NOEL</u>	<u>L.</u>	<u>BROWN</u>
First Name	Middle Initial	Last Name
<u>AMKC 18-18</u>	<u>HAZEN STREET</u>	
Street Address		
<u>East Elmhurst</u>	<u>NY</u>	<u>11370</u>
County, City		Zip Code
Telephone Number		Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EXHIBITS#

- Exhibit #1. MDC Inmate Grievances 4 pages.
- Exhibit #2 NYC Health Hospital Referral in regards to Diet.
- Exhibit #3 NYC Corrections Rules on Mails and Legal Mails.

All Exhibits are attached herein and made apart of Plaintiffs Complaint.

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: NOEL BROWN	Book & Case #: 3101700956	NYSID # (optional): 07013045R	
Facility: MDC	Housing Area: 5 East	Date of Incident: January 17	Date Submitted: January 20, 2018

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: Petitioner arrived at the MDC on October 31, 2017
 ON November 01, 2017 informed the facility at medical intake
 I am Vegan and Lactose intolerant, Petitioner has never
 receive a vegan diet Meal, and was force to buy excecive
 amount of Commeceres in order to keep from Starving.
 Petitioner signed up for sick call to further complain
 about not getting my Religous Meal. on January 17, 2018
 I spoke with CAPT. Firsov after complaining to the CO. on
 Duty CO. Young, who informed me to once again go to sick call

Action Requested by Inmate

I am Requesting a copy of the Medical Records
 showing my visit to sick call, and required Meals.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did you require the assistance of an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Inmate's Signature: _____

Date of Signature: _____

For DOC Office Use Only

IGRP RETAINS THE DOUBLE SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: NOEL BROWN	Book & Case #: 3491700956	NYSID # (optional):	
Facility: MDC	Housing Area: 4 SOUTH	Date of Incident: NOVEMBER 05, 2017	Date Submitted: DECEMBER 07, 2017

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: On November 5, 2017, Petitioner placed in the MDC mailbox, a total of three Manilla envelopes clearly marked Legal mail, and S.S. for Social Service. As Per City of New York Department of Corrections Practice rules. All outgoing Mail marked Legal and Address to the Court are to be Mailed A.S.A.P. despite the lack of Stamps or Funds in inmate account the MDC mailroom and social services intentionally kept the Legal marked Mail until November 22, 2017. When Petitioner received Money in his inmate account. Delay resulted Petition was untimely Filed.

Action Requested by Inmate
Petitioner respectfully request a letter affirming the DOC and MDC Administration Erroneously Miss app of keeping mail marked Legal. For over three weeks, till inmate was able to buy Stamps.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?
Do you need the IGRP staff to write the grievance or request for you?
Have you filed this grievance or request with a court or other agency?
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: _____

Date of Signature: December 7, 2017

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
NOEL BROWN	#3101700956		
Facility: MDC	Housing Area:	Date of Incident:	Date Submitted:
	4 SOUTH	12/06/2017	12/27/17

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: On december 06/2017 Inmate Noel Brown Requested a Check Payable from his inmate Account, and made out to the Supreme Court of Pennsylvania. The purpose of the Check is to pay for Late Filing because of the MDC. Facility late Mailing of a requested Certified Mail to the Same Supreme Court, the MDC intentionally waited untill the new filing date Past to Issue the Check. The check was made available today December 27/2017, weeks from the Requested date and days after it was due.

Action Requested by Inmate I am now Requesting a letter from the MDC stating why for the second time they Intentionally violate my Prisoners Rights, and my Civil Rights,

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☐ Yes ☒ No
 Do you need the IGRP staff to write the grievance or request for you? ☐ Yes ☒ No
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Date of Signature: 12-27-17

For DOC Office Use Only
 IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: NOEL BROWN	Book & Case #: 3101700956	NYSID # (optional): 07013045R	
Facility: MDC	Housing Area: 5 East	Date of Incident: Jan 17, 2018	Date Submitted: January 20, 2018

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: On January 17, 2018, after complaining of not receiving my Vegan diet Meal, to a CAPT. Firsov, I was told by the CAPT. I will just have to eat a regular meal and that there was nothing she can do. that eve, ther was a Search of the Housing Unite, in which I was Forced to Strip Fully Naked for a cavity search. after being searched I noticed no other Inmate was ask to remove there clothing

Action Requested by Inmate

A Letter explaining why I was the only inmate forced to Strip Naked for a search, on January 17, 2018,

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inmate's Signature: _____

Date of Signature: _____

For DOC Office Use Only

IGRP RETAINS THE DOUBLE SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

HEALTH HOSPITALS

REFERRAL

Consultation Request and Hospital Transfer Form

Referral To Information:

Specialty: Dietary
 Provider Name: Dietary (REF) AMKC
 Facility: Anna M. Kross Correctional Facility

Patient Information:

Patient: NOEL BROWN
 DOB: 12/03/1974
 BookCase: 3101700956
 NYSID: 07013045R
 Facility: Anna M. Kross Correctional Facility
 Housing Area: W19LA
 MRN No:

Referral From Information:

Referral ID: 00001508538
 Authorization Code:
 Provider Name: Esperance Ndayishimiye, PA
 Date and Time: 02/16/2018
 Priority: Routine
 Diagnosis: E73.9 - Lactose intolerance, unspecified
 Reason: Please counsel/advise pt reporting being a Vegan and h/o food allergy/lactose intolerance. Thank you
 Notes: Talusan, Clara 2/16/2018 3:11:47 PM > Referral received. Vegan meals with soymilk 8 oz @ breakfast will be provided. Name will be added to therapeutic diet list. Food Service will be notified.

Consulting Physician Information:

Date of Service:

Physician(Print Name): _____ Physician Signature: _____

Please place findings and recommendations below (use additional paper if necessary):

HEART HEALTHY MENUS

MALE

Monday, May 07, 2018

Note:
Adolescent inmates will receive an additional 8 oz of 1% Low Fat Milk at Lunch daily.

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G P: Approximately 2500 - 2800 Calories, 2300mg Sodium, Fat: Less than 30% of Kcal, Fiber: More than 28gm

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LOCK-IN AND LOCKOUT

(Times when you are permitted to be in or out of your assigned cell.)

If you are not in punitive segregation status, Close Custody lock-in status, or medical isolation, you will not be confined to your cell except during the following times:

- At night, for no longer than 8 hours, beginning no earlier than 11:00 p.m.;
- During the daytime, for no longer than a daily total of 2 hours in any 24-hour period;
- Whenever the institutional count cannot be verified and recounts must be taken;
- When necessary for the safety and security of the facility or the Department.

MAIL (CORRESPONDENCE)

You are allowed to send mail to anybody and to receive mail from anybody unless a court order limits your sending or receiving mail. You are allowed to send and receive as much mail as you want. You may write and receive mail in any language. If you have a visual impairment or are blind and need help reading or writing your mail, you may ask a volunteer or an assigned inmate to assist you, or ask the Housing Officer to assign an inmate to assist you.

Mail that you send out, and mail that is sent to you, may not be opened or read if you are not present, unless that is specifically allowed by a lawful search warrant. However, the Department will inspect, feel, or bend your mail without opening the envelope, even if you are not there.

If contraband (items not allowed in a jail; check list of contraband in your rulebook) is found in your mail, the Department will tell you what was found but will not allow you to have the item(s). As long as the item is not dangerous or illegal, you may decide if you want to: have the item destroyed, donate it to an outside charity, or pay to have it returned to the person who sent it to you.

To send mail, buy stamps in the commissary and money will be deducted from your account.

If you have no money in your commissary account, the Department will provide you with free stationery, envelopes, regular first class stamps for all letters to attorneys, courts, and public officials, as well as two other letters each week. If money is deposited in your account within 7 days after you have received free stationery, the money will be recouped from your account.

You must pay to send certified mail. If you are required by a law or rule to send mail certified but you have no money in your account, the Department will pay for you to send that certified mail. The Correction Officer will collect and record your outgoing certified mail and then drop it in the outgoing safe, which will be picked up later for processing.

You must address and seal the mail you want to send out. You must include the following information on the upper left-hand corner of the envelope:

- Your name,
 - Your book and case number, and
 - Either your jail's street address or your home address. Ask your Housing Area Officer for the address of the jail where you are located.
- If you do not put that information on the envelope, the Department will give you back the mail.

To mail a letter out, you should put it in one of the locked mailboxes in your jail. As mentioned above, you can buy stamps in the commissary.

MENTAL HEALTH DISCHARGE PLANNING

If you are receiving mental health care while in jail, you may be eligible for discharge planning services and benefits under the Brad H court settlement. Your mental health clinician or a mental health discharge planner will help you prepare a comprehensive treatment plan.

If you are released directly from court, you can visit a SPAN (Service Provider Assistance Network) office that is located within walking distance of each courthouse.

Office locations are:

- Manhattan SPAN Office
80 Centre Street, Room 200-B
New York, NY 10013

Fax # (212) 732-7908

Telephone # (212) 732-7906
Hours: 10:00 AM – 8:00 PM

- Bronx SPAN Office
1000 Grand Concourse, Suite 2-B
Bronx, NY 10451

Fax # (718) 538-0165

Telephone # (718) 590-1235
Hours: 10:00 – 7:00 PM

- Brooklyn SPAN Office
408 Jay Street, Suite-203
Brooklyn, NY 11201

Fax # (718) 626-9739

Telephone # (718) 625-9736
Hours: 10:00 AM – 7:00 PM

- Queens SPAN Office
125-10 Queens Blvd, Suite-224
Kew Gardens, NY 11415

Fax # (718) 897-2731

Telephone # (718) 897-1854
Hours: 9:00 AM – 7:00 PM

Vum Social Services Supervisor 12/6/17

DEPARTMENT OF CORRECTION
MDC SOCIAL SERVICES COUNSELING UNIT

PRIMARY FUNCTIONS OF
THE COUNSELING SERVICES UNIT:

- **PROPERTY RELEASE FORMS:**
 - Assist in completing paperwork to release property held at MDC and submitting it to the appropriate DOC office for review.
 - We do not have any information regarding the disposition of a submitted request.
- **WITHDRAWAL OF FUNDS FORMS:**
 - Assist in completing paperwork to release funds from commissary account to individuals outside of jail. Funds can be mailed or picked-up.
 - We do not have any information regarding the disposition of a submitted request.
- **MARRIAGE REQUESTS:**
 - Arrange for the inmate to meet with marriage clerks while incarcerated to complete marriage license applications. Clerks come based on their availability (approximately every 3-4 months).
- **2.5 HOURS OF ON-UNIT COUNSELING SERVICES (for designated units):**
 - Every housing area is assigned a counselor through Social Services Counseling Unit. This counselor will come to your housing area generally 2x a week to provide direct social services and encourage your housing area to participate in group discussions/games.
- **SIGNIFICANT FAMILY EVENTS:**
 - Death/Critical Illness of Family Member: We complete and submit paperwork to appropriate DOC offices for review when an immediate family member passes away or is critically ill in an attempt to allow for the individual to attend the viewing/wake/funeral/hospital. **Immediate family members = Mother, Father, Sibling, Spouse, or Child.**

SERVICES NOT DONE BY COUNSELING SERVICES UNIT

- Anything that has to do with benefit cards, credit cards, social security, or anything of personal financial nature (including details regarding inmate accounts).
- Phone calls to any court system or division of parole or probation.
- Personal or long distance calls.
- Mailing of any letter or document (we no longer receive stamps or envelopes to assist).
- Divorce action (Law Library may be able to assist).
- At this time we cannot process requests for birth certificates or social security cards.

